



ASSOCIATION FOR **HEALTHCARE ADMINISTRATIVE PROFESSIONALS**

Advertiser: _____

Agency/Company: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail: _____

ONLINE ADVERTISING:

Home Page Ad (500 x 400 pixels web banner ad with link)

- \$1,750 Annually
- \$1,000 6 months
- \$200 Monthly

Check month(s) purchasing for placement:

- | | | |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March |
| <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September |
| <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

AHCAP ADVERTISING POLICIES

Ads and payment must be received by the 20th of the month prior to online placement. All ads should be high-resolution JPEG, GIF (max 6 seconds) or PDF files (72 dpi or higher). **Send Contract and all ad information to Michelle Romero at mromero@hqtrs.com.**

AHCAP assumes no liability whatsoever, except of a one-time advertisement of the same specification, in the next or similar webpage, if any proved or admitted errors or omissions have occurred. Payment is due during the production of the specific issue. Revisions to previously submitted ad copy are subject to additional charges.

PAYMENT

All advertisers must pay with submission of signed contract. Please sign and email to mromero@hqtrs.com.

- Check Enclosed (Made Payable to AHCAP) AMEX Discover MasterCard Visa

Card Number: _____ Expiration: _____ Security Code: _____

Authorized Signature: _____

I agree to all the terms of the advertising rate sheet and this contract as applicable for my company.

CONTACT

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